

CROWN MEMORIAL CENTER, CREMATION & BURIAL

PORTLAND

(503)783-3393 Phone
(503)847-2539 Fax

EASTSIDE

(503)783-6865 Phone
(503)783-6866 Fax

MILWAUKIE

(503)653-7076 Phone
(503)653-6864 Fax

TIGARD

(503)783-6869 Phone
(503)443-4902 Fax

TUALATIN

(503)885-7800 Phone
(503)885-7805 Fax

SALEM

(503)581-6265 Phone
(503)480-1126 Fax

REQUIRED INFORMATION FOR A DEATH CERTIFICATE

The information requested on this form will be used by the funeral service establishment you select to prepare all of the necessary paperwork following the death. The funeral service establishment should assist you with filing a death certificate, obtaining certified death certificates, notice to Social Security, veteran's benefits, preparing and submitting obituaries and a number of other services.

Arrangements for: _____

First Name

Middle Name

Last Name

Date of Birth: _____ Birthplace: _____ Sex: _____

City

State

Country

M/F

US Veteran? _____ Served in a Combat Zone? _____ Social Security #: _____
Y/N Y/N

Marital Status: _____ Spouse's Name _____
Married, Divorced, Widowed, Never Married If Married/Widowed, include Maiden Name

Race: _____

White or Caucasian

Black or African American

American Indian/Alaska Native-Tribe _____

Tribe

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian (specify)

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander (specify)

Other (specify)

Hispanic Origin: _____

Not Hispanic

Mexican, Mexican American, Chicano

Puerto Rican

Cuban

Other Spanish/Hispanic/Latino (specify)

Education: _____

8th grade or less

9th-12th grade, no diploma

High School Graduate or GED

Some college credit, no degree

Associate's degree

Bachelor's degree

Master's degree

Doctorate degree

Usual Occupation: _____ Industry _____

Residence Address: _____

Street Address

City _____ County _____ State _____ ZIP Code _____ Inside City Limits? _____

Father's Full Name: _____

First

Middle

Last

Mother's Full Name: _____ Mother's Maiden Name: _____

Next of Kin/Responsible Party Name: _____

Address: _____

Phone Number: _____ Relationship _____